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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *HL*  
 This appln claims benefit of 60/120,637 02/24/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *HL*  
*NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/28/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

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## TITLE

Method And Apparatus For Sensing Seat Occupant Weight

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )